



# Lay perceptions of risk factors for Rift Valley Fever in a pastoral community in northeastern Kenya



Salome A. Bukachi<sup>1</sup>, Caroline M. Ng'ang'a<sup>1</sup>, and Bernard K.. Bett<sup>2</sup>  
1. Institute of Anthropology, Gender and African Studies, University of Nairobi, P. O. Box 30197-00100, Nairobi  
2. International Livestock Research Institute, P. O. Box 30709-00100, Nairobi, Kenya



## Introduction

Human behavioral factors have been found to be central in the transmission of Rift Valley fever. Consumption of contaminated meat and milk in particular have been identified as one of the key risk factors for the transmission of Rift Valley fever in humans.

In pastoral communities, livestock is the main source of livelihood from which many benefits such as food as well as economic and cultural services are derived. Zoonotic diseases therefore have a great impact on pastoral communities livelihoods.

However, lay perceptions regarding the transmission of these diseases including Rift Valley fever hampers their effective control.

## Objective

This study investigated the lay perceptions of risks of Rift Valley fever transmission in a pastoral community in northern Kenya..

## Methods

### Study site and population

This study was carried out in Ijara Division of Ijara District in North Eastern Province, Kenya. (Fig. 1).

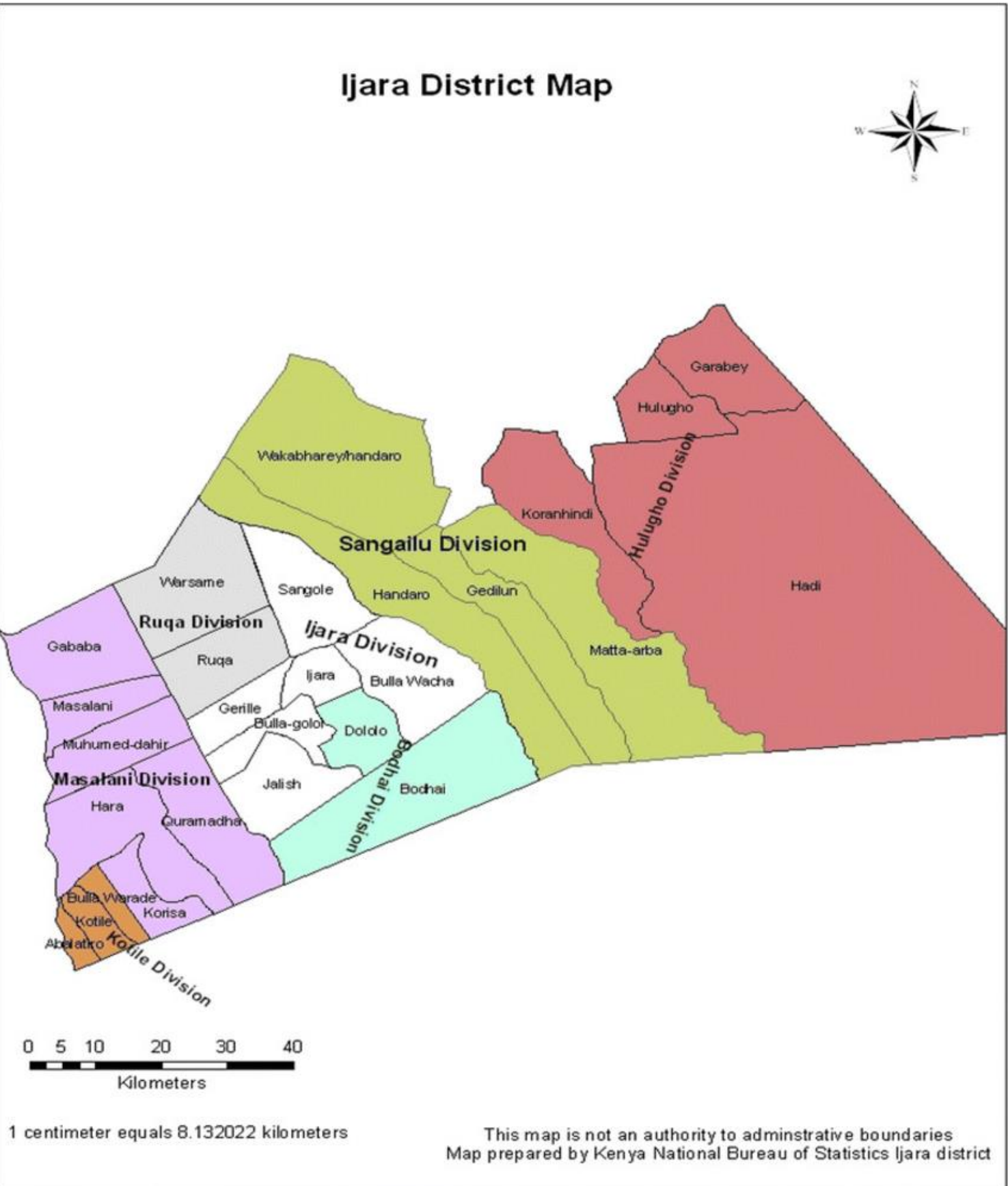


Fig. 1 Map of Ijara District (Source KNBS, 2000)

These areas were chosen because they were one of the regions where the Rift Valley fever outbreaks have constantly occurred and at a great magnitude. The population depends on pastoralism for livelihood.



Pastoralists have a great value for livestock

### Data collection

Data was collected using focus group discussions (FGDs) and narratives guided by checklists. Participatory mapping and ranking exercises were used to understand the communities perception of Rift Valley fever causality.



Participatory exercise in an FGD

### Data analysis

Data was transcribed, coded and analysed according to emergent themes

## Results

The eight FGDs consisted of 44 women and 41 men in total while four of the informants for the narrative were men and two were women (Table 1)

Table 1: Number of participants in the study per category		
Method	Category	Number
Focus Group Discussions	Women (Group 1)	11
	Women (Group 2)	10
	Women (Group 3)	10
	Women (Group 4)	11
	Men (Group 1)	9
	Men (Group 2)	10
	Men (Group 3)	11
	Men (Group 4)	11
	TOTAL	83
Narratives	Male	4
	Female	2
	TOTAL	6
Total of participants in the study		89

The participants reported that they had experienced Rift Valley fever in their livestock especially sheep and in humans both in 1997/1998 and 2006/2007. However, they believed that infections in humans occurred as a result of mosquito bites and had little to do with their consumption of meat, milk and blood from infected livestock.

The participants in this study indicated that they had heard of the risks of acquiring the disease through consumption of livestock products but their experiences did not tally with the information they had received hence to them, Rift Valley fever was not transmissible through their dietary practices

## Conclusions

Though the communities in this region were aware of Rift Valley fever, they did not have elaborate information regarding the disease transmission dynamics to humans.

To avoid misconception about transmission of the disease, intervention strategies, require to be accompanied by comprehensive explanations of the dynamics of its transmission.

It is necessary to develop appropriate interventions that take into consideration, lay perceptions of risk factors for the disease and communities' livelihood strategies.

## Acknowledgments

We thank the community of Ijara for participating in the study and Millicent Liani for assisting with data collection and providing access to relevant literature. We acknowledge the Food Safety and Zoonoses Research Program at the International Livestock and Research Institute in Nairobi (funded by the CGIAR Research Program on Agriculture for Nutrition and Health (A4NH) led by the International Food Policy Research Institute. Part of this work was supported by the project "Dynamic Drivers of Disease in Africa; Ecosystems, livestock/wildlife, health and wellbeing, RE:NE/J001422/1" funded by the Ecosystem Services for Poverty Alleviation Programme (ESPA), The ESPA program is funded by the Department for International Development (DFID), the Economic and Social Research Council (ESRC) and the Natural Environment Research Council (NERC).